

DoD Medical Examination Review Board
8034 Edgerton Drive, Suite 132
USAF Academy, Colorado 80840-2200

SLEEPWALKING QUESTIONNAIRE

NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

Please complete the questions below regarding history of sleepwalking and return this form to DoDMERB at the above address: Note: If you have been treated for sleepwalking, please include copies of those treatment records.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corp (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applicants to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1) How frequent are your episodes of sleepwalking (e.g., daily, weekly, monthly, etc.)? _____

2) Have you seen a medical provider for sleepwalking? YES NO If yes, please explain:

3) When did you last sleepwalk? (Please include age, month and year): _____

4) Please provide any other pertinent information related to your sleepwalking, such as circumstances and who observed the episodes: _____

5) Certification: By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Date